

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18989-C

1. PLACE OF DEATH

27 County Cooper Registration District No. 218
 2 Township _____ Primary Registration District No. 3015
 4 City Boonville (No. _____, _____ St. _____ Ward)

2. FULL NAME Laird Woodson Thomas.

(a) Residence No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 31 1930.
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
4 24
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo.
 10. NAME OF FATHER E. W. Thomas.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 12. MAIDEN NAME OF MOTHER Florence Davis.
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Des. Moines. Iowa.

14. INFORMANT E. W. Thomas,
 (Address) Boonville Mo.

15. FILED Jan 26 30 M. Amley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-22, 1930, to 6-24, 1930, that I last saw him alive on 6-24, 1930, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intussusception
17 2 13
 (duration) _____ yrs. _____ mos. 2 ds.
 CONTRIBUTORY (SECONDARY) none
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at home

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF 6-22-30
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS operation
 (Signed) W. E. Smith, M. D.
6-24, 1930 (Address) Boonville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Boonville Mo.
Walnut Grove Cemetery 6/26 1930

20. UNDERTAKER ADDRESS
GOODMAN & BOLLER Boonville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 V. NO. 2.

